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APP. 1763  
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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
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|---|----------------------|------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/098,588             |              |
|   | Filing Date          | March 18, 2002         |              |
|   | First Named Inventor | Michihiko YANAGISAWA   |              |
|   | Art Unit             | 1763                   |              |
|   | Examiner Name        | R. N. Kackar           |              |
| Total Number of Pages in This Submission  | 1                    | Attorney Docket Number | 506212000600 |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Notice of Appeal |
| <div>Remarks</div>  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | MORRISON & FOERSTER LLP<br>Barry E. Bretschneider - 28,055 |
| Signature                                  | <i>Alex Chute</i> 31,942                                   |
| Date                                       | July 14, 2004  |

|   |   |
|---|---|
| I hereby certify that this correspondence is being hand delivered to: Customer Window, U.S. Patent and Trademark Office, 2011 South Clark Place, Crystal Plaza Two, Lobby, Room 1B03, Arlington, Virginia 22202, on the date shown below. |   |
| Dated: July 14, 2004  | Signature: <i>Nadine Johnson</i> (Nadine Johnson) |



PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>  |          | <b>Complete if Known</b>  |                      |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
|--|----------|---|----------------------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------------------------|----|-------------------------------------|-----|------|-----|-----------------------------------|----|---|-----|------|-----|---------------------------------------|-----|---------------------------|-----|------|-------|--|-------|--|-----|------|------|--|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--------|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|--|--|--|--|--------|-----------------------------------|--|--|--|--------------------------|----------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |          | Application Number  | 10/098,588           |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
|  |          | Filing Date   | March 18, 2002       |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
|  |          | First Named Inventor  | Michihiko YANAGISAWA |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
|  |          | Examiner Name   | R. N. Kackar         |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
|  |          | Art Unit  | 1763                 |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |          | Attorney Docket No.   | 506212000600         |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
|  |          | (\$)  | <b>1,170.00</b>      |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |          | <b>FEE CALCULATION</b> (continued)  |                      |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:</div></div> <div style="margin-top: 5px;">Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1952</span></div> <div style="margin-top: 5px;">Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Morrison &amp; Foerster LLP</span></div> <div style="margin-top: 5px;">The Director is authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div> |          | <b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td>330.00</td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) <b>Two additional months extension of time from May 14, 2004 through July 14, 2004</b></td><td>840.00</td></tr><tr><td colspan="4">*Reduced by Basic Filing Fee Paid</td><td><b>SUBTOTAL (3)</b> (\$)</td><td>1,170.00</td></tr></tbody></table> |                      | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                   | 65 | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052                              | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 1053 | 130 | 1053                                  | 130 | Non-English specification |     | 1812 | 2,520 | 1812   | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 1804 | 920* | 1804   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal | 330.00 | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) <b>Two additional months extension of time from May 14, 2004 through July 14, 2004</b> |  |  |  | 840.00 | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3)</b> (\$) | 1,170.00 |
| Large Entity   |          | Small Entity  |                      | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)             |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1051   | 130      | 2051  | 65                   | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1052   | 50       | 2052  | 25                   | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1053   | 130      | 1053  | 130                  | Non-English specification  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1812   | 2,520    | 1812  | 2,520                | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1804   | 920*     | 1804  | 920*                 | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1805   | 1,840*   | 1805  | 1,840*               | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1251   | 110      | 2251  | 55                   | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1252   | 420      | 2252  | 210                  | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1253   | 950      | 2253  | 475                  | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1254   | 1,480    | 2254  | 740                  | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1255   | 2,010    | 2255  | 1,005                | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1401   | 330      | 2401  | 165                  | Notice of Appeal   | 330.00   |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1402   | 330      | 2402  | 165                  | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1403   | 290      | 2403  | 145                  | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1451   | 1,510    | 1451  | 1,510                | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1452   | 110      | 2452  | 55                   | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1453   | 1,330    | 2453  | 665                  | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1501   | 1,330    | 2501  | 665                  | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1502   | 480      | 2502  | 240                  | Design issue fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1503   | 640      | 2503  | 320                  | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1460   | 130      | 1460  | 130                  | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1807   | 50       | 1807  | 50                   | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1806   | 180      | 1806  | 180                  | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 8021   | 40       | 8021  | 40                   | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1809   | 770      | 2809  | 385                  | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1810   | 770      | 2810  | 385                  | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1801   | 770      | 2801  | 385                  | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1802   | 900      | 1802  | 900                  | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| Other fee (specify) <b>Two additional months extension of time from May 14, 2004 through July 14, 2004</b>   |          |   |                      | 840.00   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| *Reduced by Basic Filing Fee Paid  |          |   |                      | <b>SUBTOTAL (3)</b> (\$)   | 1,170.00 |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>FEE CALCULATION</b>   |          |   |                      |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (1)</b></td><td>(\$)</td><td>0.00</td></tr></tbody></table>   |          | Large Entity  |                      | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1001     | 770      | 2001 | 385 | Utility filing fee     |    | 1002                                | 340 | 2002 | 170 | Design filing fee                 |    | 1003  | 530 | 2003 | 265 | Plant filing fee                      |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee                                 |       | 1005   | 160 | 2005 | 80   | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b>                                    |  |      |        | (\$) | 0.00   |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| Large Entity   |          | Small Entity  |                      | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)             |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1001   | 770      | 2001  | 385                  | Utility filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1002   | 340      | 2002  | 170                  | Design filing fee  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1003   | 530      | 2003  | 265                  | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1004   | 770      | 2004  | 385                  | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1005   | 160      | 2005  | 80                   | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>SUBTOTAL (1)</b>  |          |   |                      | (\$)   | 0.00     |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4"><b>SUBTOTAL (2)</b></td><td>(\$)</td><td>0.00</td></tr></tbody></table>   |          | Large Entity  |                      | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 1202     | 18       | 2202 | 9   | Claims in excess of 20 |    | 1201                                | 86  | 2201 | 43  | Independent claims in excess of 3 |    | 1203  | 290 | 2203 | 145 | Multiple dependent claim, if not paid |     | 1204                      | 86  | 2204 | 43    | ** Reissue independent claims over original patent |       | 1205   | 18  | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b>                                    |  |      |        | (\$) | 0.00   |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| Large Entity   |          | Small Entity  |                      | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)             |  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1202   | 18       | 2202  | 9                    | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1201   | 86       | 2201  | 43                   | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1203   | 290      | 2203  | 145                  | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1204   | 86       | 2204  | 43                   | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| 1205   | 18       | 2205  | 9                    | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |
| <b>SUBTOTAL (2)</b>  |          |   |                      | (\$)   | 0.00     |                 |          |                 |          |          |          |          |          |      |     |                        |    |                                     |     |      |     |                                   |    |   |     |      |     |                                       |     |                           |     |      |       |  |       |  |     |      |      |  |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |        |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |  |  |  |  |        |                                   |  |  |  |                          |          |

**SUBMITTED BY** (Complete if applicable)

|                   |                        |                                   |        |           |                |
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